



WAIVER AND RELEASE OF LIABILITY

Page 4 of 4 to be returned to the VISA Office

Release by an Adult

I, the undersigned, am a person at least 18 years of age, and I desire to voluntarily participate in a program sponsored by Volunteers In Service Abroad (VISA), an agency of the Department of World Missions of the Free Methodist Church of North America, a California corporation (FMCNA). The program ("Program") involves traveling to the country of _____ on the dates of _____. I am providing for my own financial needs and support on the Program.

I assume all responsibility and risk for any sickness, accidents or other mishaps, including, but not limited to, serious bodily injury, permanent disability, and/or death, that may result to me on this Program. In connection with my participation in this Program, I hereby waive my right to any claim, cause of action, and/or the right to file a law suit against FMCNA, any local Free Methodist Church, any Conference of FMCNA, or against any such organizations' departments or entities, including VISA, or against the directors, officers, sponsors, employees, agents, volunteers, successors and assigns of any such organization. I further release all such organizations and/or persons from any and all responsibility or liability of any nature whatsoever for any loss or damage to my person or property, including, but not limited to, personal injury and/or death sustained on this Program, unless such loss, damage, etc., is due to the intentional or willful act of such organization or person.

This Waiver and Release of Liability is binding upon my personal representatives, trustees, heirs, successors, beneficiaries, relatives, next of kin or assigns and shall inure to the benefit of all organizations named herein as well as to their directors, officers, sponsors, employees, agents, volunteers, successors and assigns.

If any provision of this document is held to be invalid or unenforceable, this form shall be construed as if the invalid or unenforceable provision was not contained in the document.

I have carefully read this Waiver and Release of Liability. By my signature, I am stating that I understand, agree to, and accept all of its provisions, and understand that I am giving away substantial legal rights.

**If you email this waiver to the VISA office - your typed name will serve as signature.*

| Signature* | Printed Name | Date |
|----------------------|--------------|------|
| | | |
| Spouse if applicable | | |

MAIL, EMAIL OR FAX ALL PAPERWORK to:

VISA Ministries
P.O. Box 535002
Indianapolis, IN 46253-5002

Phone: 800-342-5531 or 317-244-3660
Fax: 317-241-1248
Email: AlisonNoble3@gmail.com

CHECK LIST:

- ☐ Page 1 – Sign off on travel advice
- ☐ Page 2 – Registration information
- ☐ Page 3 – Budget form (optional)
- ☐ Page 4 – Release of Liability
- ☐ Submit a copy of passport with picture (for each person in your group).
- ☐ Pay for travel insurance (check or credit card payment accepted).